2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90351 038 ***150.00

OPTIMALIFE U.S.A., INC.	90351 038 ***1	50.00
Principal Place of Business Mailing Address	015613	
SUITE 721 SUITE 721	011019	~
HOLLYWOOD, FL 33019 HOLLYWOOD, FL 33019	I Berlin Turun i duna ilindik diriku ji d	
2. Principal Place of Business 3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc. 04172004 Chg-P	CR2E034 (10/03)	
City & State 4. FEI Number 59-3409714	 -	plied For ot Applicable
Zip Country Zip Country 5. Certificate of Status Desired	S8.75 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Reg		
HAUK, FRAUKE		
3505 S. OCEAN DRIVE SUITE 721 Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD, FL 33019		
City	FL Zip Code	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floric the obligations of registered agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOWIII FEE S \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees		
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I nereby certify that the information supplied with this fling obes not quality for the exemption stated in Section 119.07(3)(i). Proride statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF THE DRIVE

APR 2 3 2004

603 526.7.070

Date

Daytime Phone #